

FARM DECLARATIONS

POLICY NUMBER: FPK FMPN 30 4 6417079
IS EFFECTIVE FROM: **04/01/18** TO **04/01/19**
12:01 AM STANDARD TIME AT THE
ADDRESS OF THE NAMED INSURED(S).

NATIONWIDE AGRIBUSINESS INSURANCE -NAIC
1100 LOCUST ST DEPT 3000
DES MOINES, IA 50391-3000

CONTINUATION

POLICY NUMBER: FPK FMPN 30 4 6417079

Named **GEORGE, JOHN & MANDI**
Insured(s)
and **2335 BLACK WALNUT RD**
Address **SAN LUIS OBISPO CA 93405-8013**

Agent Name **COAST & RANCH INS SRVS INC**
and Address **SAN LUIS OBISPO CA 93401**

Agent Number **51034**
Producer: **1**

PREVIOUS POLICY NUMBER: FPK FMPN30-3-6417079

**THIS POLICY MAY RECEIVE A FARM BUREAU DISCOUNT IF YOU PROVIDE A
PAID MEMBERSHIP NUMBER WITHIN 60 DAYS OF THE POLICY EFFECTIVE DATE.**

Form	Important Notice
IN7231	<p>ATTACHED IS YOUR POLICY RENEWAL WITH NATIONWIDE AGRIBUSINESS! NATIONWIDE AGRIBUSINESS AND MEMBER NATIONWIDE COMPANIES HAVE CONSISTENTLY EARNED "EXCELLENT" OR BETTER RATINGS FROM A.M. BEST COMPANY, AN INDEPENDENT ORGANIZATION WHICH MEASURES FINANCIAL STABILITY OF INSURANCE COMPANIES. WITH THIS RENEWAL YOU RECEIVE OUR PLEDGE TO QUALITY. OUR EMPLOYEES WORK HARD EVERY DAY TO MAKE SURE OUR CUSTOMERS ENJOY VALUE AND SERVICE SECOND TO NONE ANYWHERE.</p> <p>THE LIMIT OF LIABILITY FOR A DWELLING (COVERAGE A) IS BASED ON AN ESTIMATE OF THE COST TO REBUILD YOUR HOME, INCLUDING AN APPROXIMATE COST FOR LABOR AND MATERIAL IN YOUR AREA, AND SPECIFIC INFORMATION THAT YOU PROVIDED ABOUT YOUR HOME.</p> <p>THIS POLICY DOES NOT INCLUDE BUILDING CODE UPGRADE COVERAGE.</p>
EARTHQUAKE INFORMATION	PREMIUM INFORMATION
<p>COVERAGE NONE</p> <p>DEDUCTIBLE %</p>	<p>PROPERTY PREMIUM \$1,362.00</p> <p>LIABILITY PREMIUM \$704.00</p> <p>TOTAL ANNUAL PREMIUM \$2,066.00</p>

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Additional Interest Schedule

The following named Lienholder(s) retain an interest as specified:

RABOBANK NA
ISAOA
PO BOX 864888
PLANO TX 75086-4888

LOAN NUMBER: 1003491		
LOCATION 001 ITEM 001	FORM	MORTGAGEE
INTEREST:		

LOAN NUMBER: 1003491		
LOCATION 001 ITEM 003	FORM	MORTGAGEE
INTEREST:		

LOAN NUMBER: 1003491		
LOCATION 001 ITEM 004	FORM	MORTGAGEE
INTEREST:		

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Additional Interest Schedule

The following named Lienholder(s) retain an interest as specified:

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AGENT'S COPY
FARM LOCATION SCHEDULE

Loc	Acres	Location Information				County Name & Number	State
		Address City Number & Name Fire District Number & Name	Zipcode PC / DWL PC	Terr	Section Township Range		
1	10	2335 BLACK WALNUT RD 0999 SAN LUIS OBISPO	93405-8013 10			SAN LUIS OBISPO 040	CA

The interest of the insured in the premises is that of **OWNER**

FARM PROPERTY SCHEDULE A

Loc/ Item	Year	Item Description	Limit	Class	Deductible		Const Type	Premium
					Other	W & H		
001/001	1994	O/O MOBILE HOME 1368 SF CALFP7815565K & 74155RAD710766	74,862	11431	1,000	1,000	FRAME	520
001		COV B - OTHER PRIVATE STRUCT	7,486	99996	1,000	1,000		
001		COV D - LOSS OF USE (ALS)		99997				
002		HOUSEHOLD PERSONAL PROPERTY	52,403	21401	1,000	1,000	FRAME	
003	1976	T/O MOBILE HOME 1350 SF 7344OU&OX & 174865&66	40,000	11231	1,000	1,000	FRAME	343
003		COV B - OTHER PRIVATE STRUCT	4,000	99996	1,000	1,000		
003		COV D - LOSS OF USE (ALS)		99997				
004	2005	T/O MOBILE HOME 1150 SF M# L3463B	53,473	11231	1,000	1,000	FRAME	362
004		COV B - OTHER PRIVATE STRUCT	5,347	99996	1,000	1,000		
004		COV D - LOSS OF USE (ALS)		99997				
005	2005	KUBOTA L39 TRACTOR	25,000	66030	1,000	1,000		97
006		MISC TOOLS & EQUIP	8,000	75130	1,000	1,000		40

FARM PROPERTY SCHEDULE B

Loc/ Item	Item Description	Cause Of Loss	Class/ Coverage	Roof Type	Prot Device	Aux Heat	EQ Cov	Occup Type	Repl Cost	Cost of Const.	Ord & Law
001/001	O/O MOBILE HOME	SPECIAL	11431 A	O	01	N	NO	O	A	Y	N
001	CALFP7815565K &		99996 B								
001	COV B - OTHER P		99997 D								
002	COV D - LOSS OF	SPECIAL	21401 C	O	00	N	NO	O	R	Y	N
003	HOUSEHOLD PERSON	SPECIAL	11231 A	O	01	N	NO	T	A	N	N
003	T/O MOBILE HOME										
003	7344OU&OX & 174		99996 B								
003	COV B - OTHER P		99997 D								
004	COV D - LOSS OF	SPECIAL	11231 A	O	00	N	NO	T	R	Y	N
004	T/O MOBILE HOME										
004	M# L3463B		99996 B								
004	COV B - OTHER P		99997 D								
004	COV D - LOSS OF	SPECIAL	66030 E		00	N	NO		A	N	N
005	KUBOTA L39 TRAC	SPECIAL	75130 F		00	N	NO		A	N	N
006	MISC TOOLS & EQ										

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LEGEND

Roof Type:		Earthquake Coverage:	
Wood Shake	W	Earthquake Coverage Only	EQ
Hail Resistant	H	Earthquake with Retrofit Coverage	ER
Metal Roof with Metal Siding	M	Earthquake with Engineering Coverage	EE
Metal Roof with Other Than Metal Siding	P	Earthquake w/ Retrofit and Engineering Cov	EB
Other	O	Limited Earthquake Coverage Only	LQ
		Limited Earthquake with Retrofit Coverage	LR
		Limited Earthquake with Engineering Coverage	LE
		Limited Earthquake with Retrofit and	
		Engineering Coverage	LB
		No Earthquake Coverage	NO
Protective Device Credit:		Occupancy Type:	
None	00	Owner Occupied - Primary	O
1 Smoke Detectors, Dead Bolts, Heat Detector, and Fire Extinguisher	01	Owner Occupied – Additional	A
2 Local Burglar Alarm	02	Tenant Occupied	T
3 Local Fire Alarm	03	Seasonally Occupied	S
4 Central Station Burglary Alarm	04	Guest House	G
5 Central Station Fire Alarm	05	Vacant	V
6 Partial Sprinkler System	06	Course of Construction	C
7 Total Sprinkler System	07	Condo & Rented	R
1 and 6	08	Hobby	H
1 and 7	09		
2 and 3	10		
2 and 5	11		
2 and 6	12		
2 and 7	13		
3 and 4	14	Replacement Cost Coverage:	
3 and 6	15	Actual Cash Value	A
3 and 7	16	ACV Dwelling / RC Contents	B
4 and 5	17	Functional RC	F
4 and 6	18	Functional RC Dwelling / RC Cont	G
4 and 7	19	Replacement Cost	R
5 and 6	20	RC Dwelling / RC Cont	S
5 and 7	21	Utility Value	U
2,3, and 6	22	Utility Dwelling / RC Cont	V
2,3, and 7	23	Extended Replacement Cost	E
4,5, and 6	24	Extended Replacement Cost – 125%	L
4,5, and 7	25	Extended Replacement Cost – 150%	C
8 Wrought Iron Bars on all Doors & Windows	26	Agreed Value	D
2 and 8	27		
4 and 8	28		
9 Permanent Storm Shutters or Impact Resistant Glass	29	Cost of Construction;	
10 Permanent Storm Shutters and Impact Resistant Glass	30	Cosmetic Loss Exclusion (Cosm Loss);	
		Mine Sub ALE Waived:	
		Yes	Y
		No	N
Auxiliary Heating Surcharge:		Wind Excl:	
Wood/Solid Fuel Stove	S	Excluded (Applicable code	E
Wood/Solid Fuel Furnace	F	varies by state	W
Exterior Unit	E	& class code)	X
Other	O	Not Excluded – Mitigation Factor Applies	M
None	N	Not Excluded	N
Ordinance or Law:			
Yes	Y		
(Where Applicable – Regular)	R		
(Where Applicable – Broad)	B		
No	N		

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AGENT'S COPY
FARM PROPERTY SCHEDULE C

Loc/ Item	Item Description	Class	Wind Excl	Cosm Loss	
001/001	O/O MOBILE HOME	11431	N		
001	CALFP7815565K &	99996			
001	COV B - OTHER P	99997			
002	COV D - LOSS OF	21401	N		
003	HOUSEHOLD PERSON	11231	N		
003	T/O MOBILE HOME				
003	7344OU&OX & 174	99996			
003	COV B - OTHER P	99997			
004	COV D - LOSS OF	11231	N		
004	T/O MOBILE HOME				
004	M# L3463B	99996			
004	COV B - OTHER P	99997			
004	COV D - LOSS OF	66030	N		
005	KUBOTA L39 TRAC	75130	N		
006	MISC TOOLS & EQ				

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FARM LIABILITY INFORMATION

Coverage is provided only where a premium and a limit of liability are shown for that coverage.

COV	DESCRIPTION	LIMIT	PREMIUM
H	Farm Liability & Exchange Labor Bodily Injury And Property Damage Per Occurrence	\$1,000,000	\$232.00
	10 Total Acres At All Locations in CA		
	2 Additional Dwellings With Personal Liability		
	2 Additional Dwellings Rented To Others On Farm		\$174.00
	Additional Residence Or Set Of Buildings		
	09 Primary Livestock Type 6 Livestock Number		\$35.00
	02 Secondary Livestock Type 2 Livestock Number		\$227.00
	Y Hobby Farm		
	N Lessor's Risk		
I	Personal Injury And Advertising Injury Per Person Or Entity	\$1,000,000	INCLUDED
	Products And Completed Operations Aggregate All Occurrences	\$2,000,000	INCLUDED
J	Medical Payments Per Person	\$3,000	\$36.00
	Medical Payments Per Occurrence	\$25,000	INCLUDED
	General Annual Aggregate For Coverages H, I, and J All Occurrences	\$2,000,000	INCLUDED
	Farmers Medical Payments Per Person		
INSURED RESIDENCE EMPLOYEES RATED ON TYPE AND NUMBER OF EMPLOYEES DURING POLICY. MEDICAL PAYMENTS LIMIT SAME AS COV J ABOVE. EMPLOYER LIABILITY LIMIT IS \$100,000.			

OUTSERVANT
INSERVANT 20 HRS OR MORE
INSERVANT 10 TO 20 HRS

Total Annual Farm Liability Coverage Premium For State CA \$704.00

AGENT'S COPY
FARM ENDORSEMENTS
SCHEDULE

This policy is subject to the following forms. For additional information refer to Form 8110.

Form	Date	Premium	Title
FP70217	0405		COUNTRYCHOICE FARM COVERAGE ENDORSEMENT
FL70687	0408		UNWARRANTED CLAIM OF ANIMAL CRUELTY LIMITED DEFENS
FL70688	0408		EMPLOYMENT RELATED PRACTICES LIMITED DEFENSE EXP.
FL70313	0214		RAW MILK & RAW MILK PRODUCTS EXCLUSION END
FL70658	0102		FUNGI OR BACTERIA EXCLUSION ENDORSEMENT
FL70020	0712		FARM LIABILITY COVERAGE FORM
FO70709	0202		COMMON POLICY CONDITIONS
FO70804	0116		CALIFORNIA AMENDATORY ENDORSEMENT
FO70404	0215		CALIFORNIA - CANCELLATION AND NONRENEWAL CONDITION
FP70539	0101		REPLACEMENT COST - HOUSEHOLD PERS. PROP. COV. END.
FP70551	0101		ALARM OR FIRE PROTECTION SYSTEM ENDORSEMENT
FP70555	0712		MOBILE HOME COVERAGE ENDORSEMENT
CIL0021	0101		NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT
FP70010	0712		FARM PROPERTY COVERAGE FORM
FL70618	0101		DOMESTIC EMPLOYEES WORKERS' COMPENSATION COVERAGE
FP70269	0712		ELECTRICAL GENERATING EQUIPMENT COVERAGE ENDORSEME
FP70582	0712		LIMITED FUNGI OR BACTERIA COVERAGE
FO70717	0108		EXCLUSION OF TERRORISM
FP70227	0712		EQUIPMENT BREAKDOWN COVERAGE ENDORSEMENT
10940	0789		CA INSURANCE GUARANTEE ASSN
FL70678	0307		AMENDMENT OF MOBILE EQUIPMENT COVERAGE
FP70215	0514		CALIFORNIA - AMENDED LOSS SETTLEMENT CONDITIONS
IN0001	0605		CONSUMER COMPLAINTS AND INFORMATION
11649	0105		CALIFORNIA RESIDENTIAL PROPERTY INSURANCE DISCLOSU
IN7468	0108		IMPORTANT NOTICE - ADEQUATE INSURANCE
438BFU	0542		LENDER'S LOSS PAYABLE ENDORSEMENT
IN5017	0593		IMPORTANT NOTICE FOR RENEWAL POLICIES
IN0000N	0409		PRIVACY STATEMENT- NATIONWIDE
IN7403	0107		IMPORTANT FLOOD INSURANCE NOTICE
FO70860	0214		POLICY CHANGES
FP70284	0317		FARM PROPERTY AMENDATORY
FP70290	0615		SINGLE DED. WITH MULTIPLE FARMOWNER POLICIES END.
FL70331	0114		AGRICULTURAL UNMANNED AERIAL SYSTEMS LIABILITY EXT
FP70283	0214		NON-OWNED POULTRY AND SWINE LOSS OF INCOME EQUIP.
FP70285	1114		WATER DAMAGE COVERAGE ENDORSEMENT
FP70230	0107		CONSTRUCTION COST ADJUSTMENT ENDORSEMENT
FP70287	0815		EQUIPMENT BREAKDOWN COV END-COVERAGES A, B, C & D
FP70294	1215		MARIJUANA EXCLUSION ENDORSEMENT
FL70337	0317		FARM LIABILITY AMENDATORY
IL0241	0116		CALIFORNIA - DESIGNATED ADDITIONAL PERSON TO RECEI
FL70321	0115		RECREATIONAL VEHICLE EXPANDED MEDICAL PAYMENTS COV

FORM 8110
ADDITIONAL INFORMATION SUPPLEMENTAL DECLARATIONS

Form	DESCRIPTION
FP70582	LIMITED FUNGI OR BACTERIA COVERAGE ENDORSEMENT - PROPERTY LIMIT: \$10,000



EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)

04/01/2018

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY COAST & RANCH INS SRVS INC 1108 GARDEN ST STE 206 SAN LUIS OBISPO CA 93401-0514	PHONE (A/C, No, Ext): 805/549-0553	COMPANY NATIONWIDE AGRIBUSINESS INSURANCE -NAIC	
FAX (A/C, No):	E-MAIL ADDRESS:		
CODE: 51034	SUB CODE:		
AGENCY CUSTOMER ID #:			
INSURED GEORGE, JOHN & MANDI 2335 BLACK WALNUT RD SAN LUIS OBISPO, CA 93405-8013	LOAN NUMBER REFER TO REMARKS	POLICY NUMBER FPK FMPN 3046417079	
EFFECTIVE DATE 04/01/2018		EXPIRATION DATE 04/01/2019	CONTINUED UNTIL TERMINATED IF CHECKED <input checked="" type="checkbox"/>
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION

001 2335 BLACK WALNUT RD, SAN LUIS OBISPO, CA 93405-8013

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE / PERILS / FORMS		AMOUNT OF INSURANCE	DEDUCTIBLE
001/001/O/O MOBILE HOME	1368 SF/SPECIAL FORM /ACV/80%	74,862	1,000
001/003/T/O MOBILE HOME	1350 SF/SPECIAL FORM /ACV/80%	40,000	1,000
001/004/T/O MOBILE HOME	1150 SF/SPECIAL FORM /RC/80%	53,473	1,000

REMARKS (Including Special Conditions)

438BFU
LOCATION 001 ITEM 001 MORTGAGEE LOAN # 1003491
LOCATION 001 ITEM 003 MORTGAGEE LOAN # 1003491
LOCATION 001 ITEM 004 MORTGAGEE LOAN # 1003491

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

NAME AND ADDRESS RABOBANK NA ISAOA PO BOX 864888 PLANO TX 75086-4888	<input checked="" type="checkbox"/>	MORTGAGEE	ADDITIONAL INSURED
	<input type="checkbox"/>	LOSS PAYEE	
	LOAN #		
	REFER TO REMARKS SECTION		
AUTHORIZED REPRESENTATIVE NATIONWIDE AGRIBUSINESS INSURANCE -NAIC			

ACORD 27 (2009/12)

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EXHIBIT A